



Application No. (if known): 10/044,119

Attorney Docket No.: 283\_346.02

## Certificate of Express Mailing Under 37 CFR 1.10

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Date

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Susan Pagano

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Telephone Number

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IDS (Citation) by Applicant (62 References) (2 pages)



10-31-07

JFW 2/12/08

Approved for use through 10/31/2007. OMB 0651-0031  
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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/044,119-Conf. #8122
Filing Date	January 11, 2002
First Named Inventor	Timothy R. Fitch
Art Unit	2112
Examiner Name	F. Alphonse
Attorney Docket Number	283_346.02

Total Number of Pages in This Submission

7

### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	PTO/SB/08A (2 pages), Cited Reference CA (12 pages), Return Receipt Postcard, Certificate of Express Mailing
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
	<input type="checkbox"/> Remarks	

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MARJAMA MULDOON BLASIAK & SULLIVAN LLP		
Signature			
Printed name	George S. Blasiak		
Date	October 30, 2007	Reg. No.	37,283

#### Transmittal

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, No. EM154108547US, on the date shown below in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: October 30, 2007

Signature: (Susan Pagano)



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PTO/SB/17 (10-07)

Approved for use through 08/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180.00)

Complete if Known	
Application Number	10/044,119-Conf. #8122
Filing Date	January 11, 2002
First Named Inventor	Timothy R. Fitch
Examiner Name	F. Alphonse
Art Unit	2112
Attorney Docket No.	283_346.02

### METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify):
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number:	503577	Deposit Account Name:	Hand Held Products, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)	Fee (\$)	Small Entity Fee (\$)
Each independent claim over 3 (including Reissues)	50	25
Multiple dependent claims	210	105

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
-	-	x	=	-	-	-

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
-	-	x	=	-	-	-

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-	100 =	/50 =	(round up to a whole number) x	=

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)  
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00

#### SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	37,283	Telephone	(315) 425-9000
Name (Print/Type)	George S. Blasiak			Date	October 30, 2007

#### Fee Transmittal

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, No. EM154108547US, on the date shown below in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: October 30, 2007

Signature:   
(Susan Pagano)



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Dated: October 30, 2007      Signature: \_\_\_\_\_  
(Susan Pagano)

Docket No.: 283\_346.02  
(PATENT)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Timothy R. Fitch et al.

Application No.: 10/044,119

Confirmation No.: 8122

Filed: January 11, 2002

Art Unit: 2112

For: Ergonomically designed multifunctional  
transaction terminal

Examiner: Alphonse, Fritz

### INFORMATION DISCLOSURE STATEMENT (IDS)

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A are being called to the attention of the Examiner. Copy of cited reference CA is attached.

It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR §1.97(h), no inference should be made that the information and references cited are material to patentability. Also, no inference should be made that a reference is prior art merely because it is included in this statement. Under 37 CFR §1.97(g), the submission of an information disclosure statement should not be considered as representation that a search has been made.

10/31/2007 EEKUBAY1 00000059 503577 10044119  
01 FC:1806 180.00 DA

Applicants believe a fee of \$180.00 is required with submission of this Information Disclosure Statement. The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No. 503577.

Dated: October 30, 2007

Respectfully submitted,

GSB/slp

By George S. Blasiak  
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